

## **Exhibit C**

USSN: 09/813,093



EV 561841569 US

Customer Copy  
1 and 11-F, April 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)				DELIVERY (POSTAL SERVICE USE ONLY)			
PO Zip Code 144	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Business Day	Postage \$		Delivery Attempted	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date Accepted Mo. Day Year	Scheduled Date of Delivery Month Day	Return Receipt Fee \$		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Specified Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COO Fee \$	Insurance Fee \$	Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) - Signature of addressee is not required. If signature is required, it must be provided by the addressee or a designated agent. If signature is not provided, the mail will be returned to the sender.			
1b5 028	1b1 Alpha Country Code	Accomplance Emp. Initials		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature			
CUSTOMER USE ONLY				Initial Agency Acct. No. of Postal Service Acct. No.			
METHOD OF PAYMENT: Express Mail Corporate Acct. No.				TO: (PLEASE PRINT) NAME L			
FROM: (PLEASE PRINT) PHONE				Commission for P... PO Box 1450 Alexandria VA 22304-1450			
FOR PICKUP OR TRACKING: Visit <a href="http://www.usps.com">www.usps.com</a> or Call 1-800-222-1811							

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